# Society Reports.

## PHILADELPHIA NEUROLOGICAL SOCIETY.

*Stated Meeting, January 28, 1889.*

THE PRESIDENT, S. WEIR MITCHELL, IN THE CHAIR.

Dr. F. X. DERCUM reported the following case of

### SUPRA-DURAL HÆMORRHAGE.

The patient was a man, thirty to thirty-five years of age, brought to the Philadelphia Hospital early one morning in December by the police patrol, he having been found lying upon an open lot. He was totally unconscious; temperature subnormal, registering at one time 95°; face flushed and dusky; breathing labored and sterterous, and at times resembled the Cheyne-Stokes respiration. The lips and cheek of the right side were puffed in and out and the right nostril dilated. The left side seemed normal. The mouth was not distinctly drawn. Both hands and arms were firmly flexed and crossed over the chest. They were decidedly rigid. The legs were also fixed in extension with some turning in of the feet. The head was turned to the right, a marked effort being required to rotate it toward the opposite side. The right pupil was widely dilated, while the right eye was directed outward, as though held there by spasm of the external rectus. The left pupil seemed unaffected. Both were insensitive to light. No response was evoked by irritating the conjunctivæ, and this was also true of the skin over the entire body. The arms could be partially extended, and occasionally jerking movements could be observed in them.

The patient vomited freely, the ejecta smelling decidedly of whiskey. The urine, obtained by the catheter, contained no albumen. The pulse was weak and intermittent. A small scratch or abrasion was found to the right and above the occipital protuberance. It had bled little, if at all, and seemed very insignificant. No bleeding had occurred from either the ears or nostrils. The man's condition remained unchanged for several hours, but he gradually grew weaker as the day progressed, and finally died.

*Autopsy:*. Beneath the bruise previously observed the inner surface of the scalp and the periosteum were ecchymosed. No fracture of the skull was, as yet, apparent, and no depression existed. On removing the calvarium, however, and examining its inner surface, a fracture was detected beginning a little in front of the lambdoid suture and extending obliquely outward across the serrations of the latter. It was evidently a fracture of both tables, and on the outer surface was now observed to be about an inch in length and linear in shape. The fracture of the inner table was much more extensive. It extended in three directions, the most complete break being along the line of the lambdoid suture.

Lying upon the dura an immense clot was found upon the side of and beneath the fracture, and situated over the lateral aspect of the superior and inferior parietal lobules, the first and second temporal convolutions, and the anterior extremity of the lateral aspect of the occipital lobe. The anterior limit of the clot was about one-half to one inch back of the fissure of Rolando, while its posterior limit was from one-half to one inch from the apex of the occipital lobe. In the middle portion the clot was fully an inch, if not more, in thickness.

An examination of the base of the brain revealed numerous ecchymotic spots and areas in the pia and arachnoid. Similar appearances were observed in the brain almost everywhere. No hæmorrhage existed in the ventricles or ganglia. On the ventricular surface of the right caudate nucleus was an area of very superficial yellow softening one-half inch in length, one-fourth inch in breadth, and three or four lines in depth.

The fact of the limbs being rigid in contraction suggested semi-conscious resistance, and also the fact that the man was vomiting matter smelling of whiskey, suggested that he was drunk. He undoubtedly was drunk in addition to having the extra-dural hæmorrhage. The diagnosis was also complicated by the presence of specific scars over his person, thus suggesting a specific cause for the inequality of the pupils. I, however, could not free my mind from a suspicion of hæmorrhage. I thoroughly examined the scalp, but did not feel at the time that the slight scalp wound was sufficient justification for trephining, but I think now that exploratory trephining would certainly have been rewarded. In explaining the symptoms in this case, it seems to me that the absence of hemiplegia was due to the fact that the clot was not directly over the motor area. The general rigidity is, probably, to be explained by irritation of the dura. The dilatation of the pupil was probably due to direct pressure.

Dr. CHARLES K. MILLS saw this man for a few minutes on the morning that he was admitted, and expressed the opinion that the case was one of hæmorrhage. The case is an important one, as it clearly confirms the diagnostic marks of Jacobson and others for supra-dural hæmorrhage. Looking over the cases which he had collected for the paper read at Washington, he found a number in which the symptoms correspond somewhat closely to those described to-night. The dilatation of the pupil—the occulo-motor paresis—is so common that Jacobson suggests that it be called Hutchinson's pupil, it having first been described by that observer. He examined the oculo-motor nerve very carefully in this case at the autopsy; it did not differ from the other nerves at the base. He, therefore, thought that the dilatation of the pupil was the result of pressure. A considerable amount of pressure would be exerted on the entire hemisphere, and a clot in the position indicated might possibly cause paresis of the oculo-motor nerve by counter-pressure. He believed that in a case presenting these general symptoms, with paresis on one side, and suspected injury, even without the external evidences present here; we would be justified in trephining over the parietal lobe, as has been done by Kronlein and others in such cases.

## HÆMORRHAGIC PACHYMENINGITIS.

Dr. **Fracis X. Dercum**, in a series of seventy-seven autopsies, the records of which, and the specimens of membranes of which he went over very recently at the Insane Hospital at Norristown, found twenty-eight cases presenting hæmorrhagic pachymeningitis. In these twenty-eight cases there were four in which there were gross lesions, that is, they were large hæmatomata; in the others, there were fibrinous patches. Some of the patches were stained very slightly, while others were quite dense and heavily stained; all were more or less stained.

The frequency of the occurrence of this affection in the chronic insane is exceedingly interesting, and suggests that this hæmorrhagic or *fibrinous* pachymeningitis, as it is perhaps better called, is an inflammation, so to speak, normal to the dura—*i. e.*, if we have a simple inflammation of the dura, it is always an inflammation with fibrinous exudation, with or without the formation of vessels. Looking over the recent publication of Hirst on nervous diseases, he found that, under the head of inflammation of the dura, in which he is supposed to consider only simple inflammation, he speaks only of internal hæmorrhagic pachymeningitis, evidently considering this *the* inflammation of the internal dura, thus regarding all other inflammations as special forms.

Dr. A. **Eshner**, through the courtesy of Dr. Hirst, reported to following case of

## HÆMORRHAGE INTO THE CENTRUM OVALE OF THE POSTERO-FRONTAL AND PARIETAL LOBES.

E. L., an unmarried Englishwoman, aged thirty-three years, was admitted to the hospital December 18, 1888. She stated that she had been blind for three weeks. The ability to discriminate light remained. There was a moderate degree of anasarca, and examination of the urine disclosed a considerable amount of albumen, with hyaline and granular casts of the uriniferous tubules. On December 20th the external measurements of the maternal pelvis were made, the diagnosis of pregnancy confirmed, and the presentation and position established. The fœtal heart-sounds, however, were not detected. Upon the direction of Dr. Hirst, a hot-air bath was ordered, and the removal of the fœtus, which it was conceived was dead, was contemplated. Shortly preceding the examination, on December 20th, at about five o'clock in the afternoon, the woman developed a comatose condition, with sterterous breathing. She had sat up in a chair during the morning, had taken milk and medicine, and, in response to inquiries, had stated that she was feeling better than hitherto. The night before, she is said to have sat up in bed and combed her hair, though a neighboring patient observed convulsive muscular contractions of the arms and shoulders. Soon after the condition of coma was noticed, the patient was yet able to swallow and repond to calls. She made complaint of the disagreeable taste of the medicament which she was taking. She was given milk again at 9.30 P. M. and at 1.30 A. M., and medicine at 10.30 P. M. Urine was passed once, and the bowels moved twice involuntarily. She grew worse during the night, and Cheyne-Stokes respiration set in. While preparations for a second hot-air bath were being made, at about 4.30 A. M., December 21st, the woman vomited a not large quantity of bloody fluid and expired. Unfortunately the nervous aspect of the case was not studied. It is known, however, that the patient was able to move the right upper extremity until within a short time prior to death. On the night before, she appeared to have been oppressed by a sensation of subjective heat, as she removed the bedclothing from the chest.

The autopsy was made under the direction of Dr. Mills, thirty-six hours after death. The only abnormal appearance on the surface of the brain was a large area of discoloration over the posterior part of the first and second frontal convolutions, at their junction, reaching in the same plane, over the two ascending convolutions. On opening the right lateral ventricle, an irregularly shaped, longitudinal clot, about one inch or more in length, was found lying loosely in the cavity. This clot communicated with another, or with another portion of the same clot, which lay in a cavity which appeared to exist in the white matter external to and above the ganglia. Examination showed the ventricular surfaces of the caudate nucleus and optic thalamus entirely intact. The septum lucidum was not broken down, nor was there any blood in either the third or the left lateral ventricles. In fact, the entire left hemisphere appeared normal. A large section through the middle of the ganglia on right side and the parietal lobe revealed a clot of the size of a lemon, confined to the white matter of the posterior frontal and parietal regions—the white substance of the corona radiating between the ganglia and the following convolutions: the posterior portions of the first, second, and third frontal, both ascending, and the superior and inferior parietal. Transverse sections in various situations through the ganglia showed no lesion. The ganglia were intact.

Hæmorrhages into the central ovale and the cortex cerebri are relatively infrequent, though next in frequency of occurrence to those into the ganglia, which hold the first place.

Nothnagel, in Ziemssen's *Cyclopedia*, states that hæmorrhages into the medullary substance may be wholly unattended with evidences of cerebral disease. In some cases an apoplectic seizure may occur, followed by complete recovery. In others there may be the usual evidences of hæmorrhage, with or without apoplectic symptoms, followed by disorders identical with those following lesions of the corpus striatum. The symptoms of hemiplegia may be present and subsequently entirely disappear. This is perhaps the most characteristic feature of hæmorrhage in the region under consideration.

Vasomotor disturbances and alterations of sensibility are sometimes present. Contractures are rarely noticed. The symptoms arising from affections of the centrum ovale bear the closest resemblance to those produced by disease in the corpus striatum.

Gowers states that hæmorrhage into the centrum ovale causes symptoms similar to those due to a cortical lesion in the corresponding situation, but without the symptoms of irritation. Large hæmorrhages usually spread into the centrum ovale from the corpus striatum. The vessels in the white substance are small and give only small hæmorrhages.

Dr. WM. OSLER said this case illustrates one of the conditions which in the pregnant woman may lead to hemiplegia or fatal hæmorrhage. True apoplexy occurs most frequently in association with Bright's disease, and may come on during, or even be mistaken for, a uræmic attack. A specimen very similar to the one here shown is in his collection of brains in the Museum of McGill College—massive intraventricular hæmorrhage. Rupture of a cerebral vessel during labor is, he believed, rare. A second more common event is embolism of one of the cerebral arteries during parturition. Aphasia is very often associated, and in a majority of the patients old mitral disease exists. In a limited number of cases a third condition is present—thrombosis of the cerebral vessels, due possibly to blood conditions which favor coagulation.

## *Stated Meeting, February 25, 1889.*

THE PRESIDENT, S. WEIR MITCHELL, M.D., IN THE CHAIR.

Dr. S. SOLIS-COHEN read the notes of a case of

### OBSTINATE SCIATICA CURED BY DEEP INJECTIONS OF OSMIC ACID.

The method of treating sciatica by deep injections of a solution of osmic acid is so well known that the present case is reported only on account of its peculiar therapeutic history previous to the resort to the agent in question. Nearly every other medicinal and surgical means known had been tried faithfully, but without good result. The details of the case are given merely to show that osmic acid was really the curative agent.

George D., brakeman, æt. forty-five, was admitted to the Department of Clinical Medicine of the Philadelphia